U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| 7.53 1860 m /   | FULLY BEFORE PREPARING THIS REPORT.   |
|---|---|
| E NIG TOWN  |   |
| 1. File Number <b>U</b> - 9/79  | 2. Fiscal Year Covered From:  |
| <i>/· /</i>   | 1 / 1 / 2004 Through: 12 / 31 / 2004  |
| 3. Name and address of person filing.   | Name, file number, and address of labor organization.   |
| Name Charles L Hazard   | Name So. CA. Pipe Trades DC16   |
|   | Labor Organization File Number 039-835  |
| P.O. Box, Bldg., Room No., if any Suite 400   | P.O. Box, Building and Room Number, if any Suite 400  |
| Street 501 shatto Place   | Street 501 Shatto Place   |
| City Los Angeles  | City Los Angeles  |
| State California ZIP Code + 4 90020   | State California ZIP Code + 4 90020   |
| Administrative Assistant  Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e   | spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  or derived income or other economic benefit of exation represents or is actively seeking to represent.  |
| Administrative Assistant  Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organic   | or derived income or other economic benefit of  zation represents or is actively seeking to represent.  |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any).   | or derived income or other economic benefit of  |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize.  Name and address of Employer (including trade name, if any).  Name   | or derived income or other economic benefit of  zation represents or is actively seeking to represent.  |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  | or derived income or other economic benefit of  zation represents or is actively seeking to represent.  |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the east. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:   | or derived income or other economic benefit of cation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the ear.)  A. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any                                    | or derived income or other economic benefit of  zation represents or is actively seeking to represent.  |
| Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organiz  B. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street                              | or derived income or other economic benefit of cation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the ear. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street                                 | or derived income or other economic benefit of cation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4 | or derived income or other economic benefit of cation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the ea. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4       | or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the |
| Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the et al. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4    | or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the |

| Name of Person Filing Charles Hazard   | File Number U-   |  |  |
|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |  |  |
| Name and address of Business (including trade name, if any).   | 9. Business deals with:  |  |  |
| Name Apprentice & Journeymen Training Trust Fund   | a. Labor Organization  |  |  |
| Trade Name, if any:  | b. Trust   |  |  |
| P.O. Box, Bldg., Room No., if any  | c. Employer  |  |  |
| Street 18931 Laurel Park Road  |  |  |  |
| City Compton  State California ZIP Code + 4 90220  |  |  |  |
| State Callifornia ZIP Code + 4 90220   |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.  |  |  |
| Name   | Attended the North American Pipe Trades training<br>conference as an Apprentice and Journeymen Training<br>Trust Fund labor trustee. |  |  |
| Trade Name, if any:  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |  |
| Street   | 11.b. Approximate dollar value of such dealing.  |  |  |
| City   | 12.a. Nature of interest held or income received.  |  |  |
| State ZIP Code + 4   | Received reimbursement for expenses incurred for the North American Pipe Trades training conference.                                 |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 12.b. Amount. \$4,800  |  |  |
|  |  |  |  |
| C. Received from any employer (other than an employer covered unde<br>or from any labor relations consultant to an employer any payment of money   |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.   |  |  |
| Name   |  |  |  |
| Trade Name, if any:  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |  |  |  |
| Street   |  |  |  |
| City   |  |  |  |
| State California ZIP Code + 4  |  |  |  |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   |  |  |

| Name of Person Filing | Charles Hazard | File Number U- |
|-----------------------|----------------|----------------|
|                       |                |                |

| 8. Name and address of Business (including trade name, if any) | 9. Business deals with:   |
|--|---|
| Name Apprentice & Journeymen Training Trust                    | Fund    X   a. Labor Organization   |
| Trade Name, if any:  | Z. 2000. Organization   |
| P.O. Box, Bldg., Room No., if any                              | b. Trust  |
| Street 18931 Laurel Park Road                                  | c. Employer   |
| City Compton   |   |
| State California ZIP Code + 4 90020                            |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.   |
| Name   | Attended the North American Pipe Trades training conference as an Apprentice and Journeymen Training  |
| Trade Name, if any:  | Trust Fund labor trustee.   |
| P.O. Box, Bldg., Room No., if any                              |   |
| Street   |   |
| City   |   |
| State ZIP Code + 4   | 11.b. Approximate dollar value of such dealing.   |
|  | 12.a. Nature of interest held or income received.   |
|  | Registration fee paid to attend North American Pipe<br>Trades training conference as an Apprentice and<br>Journeymen training joint labor management trustee. |
|  |   |
|  |   |
|  |   |
|  |   |
|  | 12.b. Amount. \$350   |

| Name of Person Filing Charles | Hazard |  | File Number U- |  |
|-------------------------------|--------|--|----------------|--|
|                               |        |  |                |  |

| 8. Name and address of Business (including        | ng trade name, if any). | 9. Business deals with:   |
|---|-------------------------|---|
| Name Apprentice & Journeymen                      | Training Trust Fund     | a. Labor Organization   |
| Trade Name, if any:                               |                         | Z a Laza, organization  |
| P.O. Box, Bldg., Room No., if any                 |                         | b. Trust  |
| Street 18931 Laurel Park Road                     |                         | c. Employer   |
| City Compton                                      |                         |   |
| State California                                  | ZIP Code + 4 90220      |   |
| 10. If 9.b. or 9.c. is checked give trust or empl | oyer's name.            | 11.a. Nature of such dealing.   |
| Name  |                         | Attended the North American Pipe Trades training conference as an Apprentice and Journeymen Training  |
| Trade Name, if any:                               |                         | Trust Fund labor trustee.   |
| P.O. Box, Bldg., Room No., if any                 |                         |   |
| Street  |                         |   |
| City  |                         |   |
| State   | ZIP Code + 4            | 11.b. Approximate dollar value of such dealing.   |
|   |                         | 12.a. Nature of interest held or income received.   |
|   |                         | Attended a dinner meeting held for those attending<br>North American Pipe Trades training conference. |
|   |                         |   |
|   |                         |   |
|   |                         |   |
|   |                         |   |
|   |                         |   |
|   |                         |   |
|   |                         | 12.b. Amount. \$230   |

| Name of Person Filing Charles Hazard | File Number U- |  |
|--------------------------------------|----------------|--|
|                                      |                |  |

| 8. Name and address of Business (including           | trade name, if any). | 9. Business deals with:  |         |
|--|----------------------|--|---------|
| Name Apprentice & Journeymen Training Trust Fund     |                      | a. Labor Organization  |         |
| Trade Name, if any:                                  |                      | a. Labor Organization  |         |
| P.O. Box, Bidg., Room No., if any                    |                      | b. Trust   |         |
| Street 18931 Laurel Park Road                        |                      | c. Employer  |         |
| City Compton   |                      |  |         |
|  | P Code + 4 90220     |  |         |
| 10. If 9.b. or 9.c. is checked give trust or employe | er's name.           | 11.a. Nature of such dealing.  |         |
| Name   |                      | Attended the United Association instructor training program as an Apprentice and Journeymen Training | ıg      |
| Trade Name, if any:                                  |                      | Trust Fund labor trustee.  |         |
| P.O. Box, Bldg., Room No., if any                    |                      |  |         |
| Street   |                      |  |         |
| City   |                      |  |         |
| State ZII  | P Code + 4           | 11.b. Approximate dollar value of such dealing.  |         |
|  |                      | 12.a. Nature of interest held or income received.  |         |
|  |                      | Received reimbursement for expenses incurred for the United Association instructor training program. |         |
|  |                      |  |         |
|  |                      |  |         |
|  |                      |  |         |
|  |                      |  |         |
|  |                      | 12.b. Amount. \$3,14   | <br>4 0 |

| Name of Person Filing Charle | es Hazard | File Number U- |  |
|------------------------------|-----------|----------------|--|
|                              |           | <br>           |  |

| 8. Name and address of Business (include         | ding trade name, if any). | 9. Business deals with:   |      |
|--|---------------------------|---|------|
| Name Apprentice & Journeymen Training Trust Fund |                           | a. Labor Organization   |      |
| Trade Name, if any:                              |                           |   |      |
| P.O. Box, Bldg., Room No., if any                |                           | b. Trust  |      |
| Street 18931 Laurel Park Road                    | l                         | c. Employer   |      |
| City Compton                                     |                           |   |      |
| State California                                 | ZIP Code + 4 90220        |   |      |
| 10. If 9.b. or 9.c. is checked give trust or em  | nployer's name.           | 11.a. Nature of such dealing.   |      |
| Name   |                           | Attended the United Association instructor train program as an Apprentice and Journeymen Training Trust Fund labor trustee.                         |      |
| Trade Name, if any:                              |                           | Trust fund labor trustee.   |      |
| P.O. Box, Bldg., Room No., if any                |                           |   |      |
| Street   |                           |   |      |
| City   |                           |   |      |
| State  | ZIP Code + 4              | 11.b. Approximate dollar value of such dealing.   |      |
|  |                           | 12.a. Nature of interest held or income received.   |      |
|  |                           | Attended a dinner meeting held for the Southern<br>California instructors and trustees attending<br>United Association instructor training program. |      |
|  |                           |   |      |
|  |                           |   |      |
|  |                           |   |      |
|  |                           |   |      |
|  |                           | 12.b. Amount.   | \$27 |

| Name of Person Filing Charles Hazard | File Number U- |
|--------------------------------------|----------------|
|                                      |                |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |  |  |
|---|--|--|--|
| Name Piping Industry Progress and Education Trust               | a. Labor Organization  |  |  |
| Trade Name, if any:   | a cassi siguination  |  |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust   |  |  |
| Street 501 Shatto Place, Suite 200                              | c. Employer  |  |  |
| City Los Angeles  |  |  |  |
| State California ZIP Code + 4 90020                             |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |  |
| Name  | The Piping Industry Progress and Education Trust Fund is a joint labor management trust.   |  |  |
| Trade Name, if any:   |  |  |  |
| P.O. Box, Bldg., Room No., if any                               |  |  |  |
| Street  |  |  |  |
| City  |  |  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.  |  |  |
|   | 12.a. Nature of interest held or income received.  |  |  |
|   | Attended a dinner meeting hosted by The Piping Industry Progress and Education Trust Fund. |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | 12.b. Amount. \$143  |  |  |

|   |                          |        | <br> |                |  |
|---|--------------------------|--------|------|----------------|--|
| İ | of Person Filing Charles | Hazard |      | File Number U- |  |
|   |                          |        |      |                |  |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |  |
|---|--|--|
| Name Piping Industry Progress and Education Trust               | a. Labor Organization  |  |
| Trade Name, if any:   |  |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust   |  |
| Street 501 Shatto Place, Suite 200                              | c. Employer  |  |
| City Los Angeles  |  |  |
| State California ZIP Code + 4 90020                             |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |
| Name  | The Piping Industry Progress and Education Trust<br>Fund is a joint labor management trust.                      |  |
| Trade Name, if any:   |  |  |
| P.O. Box, Bldg., Room No., if any                               |  |  |
| Street  |  |  |
| City  |  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.  |  |
|   | 12.a. Nature of interest held or income received.  |  |
|   | Attended a dinner meeting at the SARS Symposium hosted by The Piping Industry Progress and Education Trust Fund. |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | 12.b. Amount. \$112  |  |

| Name of Person Filing Charles Hazard | File Number U- |
|--------------------------------------|----------------|
|                                      |                |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |  |
|---|--|--|
| Name Piping Industry Progress and Education Trust               | a. Labor Organization  |  |
| Trade Name, if any:   |  |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust   |  |
| Street 501 Shatto Place, Suite 200                              | c. Employer  |  |
| City Los Angeles  |  |  |
| State California ZIP Code + 4 90020                             |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |
| Name  | The Piping Industry Progress and Education Trust Fund is a joint labor management trust. |  |
| Trade Name, if any:   |  |  |
| P.O. Box, Bldg., Room No., if any                               |  |  |
| Street  |  |  |
| City  |  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.  |  |
|   | 12.a. Nature of interest held or income received.  |  |
|   | Received a Christmas gift from The Piping Industry Progress and Education Trust Fund.    |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | 12 h Amount \$179  |  |

| Name of Person Filing Charles | Hazard | File Number U- |  |
|-------------------------------|--------|----------------|--|
|                               |        |                |  |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:   |  |
|---|---|--|
| Name National Inspection Testing & Certification                | a. Labor Organization   |  |
| Trade Name, if any:   | a. Labor Organization   |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |  |
| Street 501 Shatto Place, Suite 201                              | c. Employer   |  |
| City Los Angeles  |   |  |
| State California ZIP Code + 4 90020                             |   |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.   |  |
| Name  | The National Inspection Testing & Certification Corporation is an entity that test and certify                            |  |
| Trade Name, if any:   | personnel in the Plumbing, Piping, HVACR and related industries.  |  |
| P.O. Box, Bldg., Room No., if any                               |   |  |
| Street  |   |  |
| City  |   |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |  |
|   | 12.a. Nature of interest held or income received.   |  |
|   | Attended a dinner meeting at Christine Lees hosted<br>by the National Inspection Testing and<br>Certification Corporation |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | 12.b. Amount. S69   |  |

| Name of Person Filing Charles | Hazard | File Number U- |
|-------------------------------|--------|----------------|
|                               |        | <br>           |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:  |
|---|--|
| Name National Inspection Testing & Certification                | a. Labor Organization  |
| Trade Name, if any:   | a. Labor Organization  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust   |
| Street 501 Shatto Place, Suite 201                              | c. Employer  |
| City Los Angeles  |  |
| State California ZIP Code + 4 90020                             |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |
| Name  | The National Inspection Testing & Certification Corporation is an entity that test and certify                           |
| Trade Name, if any:   | personnel in the Plumbing, Piping, HVACR and related industries.   |
| P.O. Box, Bldg., Room No., if any                               |  |
| Street  |  |
| City  |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.  |
|   | 12.a. Nature of interest held or income received.  |
|   | Attended a dinner meeting at the ASSE conference hosted by the National Inspection Testing and Certification Corporation |
|   |  |
|   |  |
|   |  |
|   |  |
|   | 12.b. Amount. \$50   |

| Name of Person Filing Charles Hazard | <br>File Number U- |
|--------------------------------------|--------------------|
|                                      |                    |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:   |
|---|---|
| Name National Inspection Testing & Certification                | a. Labor Organization   |
| Trade Name, if any:   | a. Labor Organization   |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |
| Street 501 Shatto Place, Suite 201                              | c. Employer   |
| City Los Angeles  |   |
| State California ZIP Code + 4 90020                             |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.   |
| Name  | The National Inspection Testing & Certification<br>Corporation is an entity that test and certify |
| Trade Name, if any:   | personnel in the Plumbing, Piping, HVACR and related industries.                                  |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |
|   | 12.a. Nature of interest held or income received.   |
|   | Received a Christmas gift from the National Inspection Testing and Certification Corporation.     |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | 12.b. Amount. \$45  |

| Name of Person Filing Charles Hazard | File Number U- |  |
|--------------------------------------|----------------|--|
|                                      |                |  |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:   |  |
|---|---|--|
| Name National Inspection Testing & Certification                | a. Labor Organization   |  |
| Trade Name, if any:   |   |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |  |
| Street 501 Shatto Place, Suite 201                              | c. Employer   |  |
| City Los Angeles  |   |  |
| State California ZIP Code + 4 90020                             |   |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.   |  |
| Name  | The National Inspection Testing & Certification<br>Corporation is an entity that test and certify<br>personnel in the Plumbing, Piping, HVACR and |  |
| Trade Name, if any:   | related industries.   |  |
| P.O. Box, Bldg., Room No., if any                               |   |  |
| Street  |   |  |
| City  |   |  |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   |  |
|   | 12.a. Nature of interest held or income received.   |  |
|   | Received a gift of two NITC logo shirts from the National Inspection Testing and Certification Corporation.                                       |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | 12.b. Amount. \$50  |  |

| Name of Person Filing Charles Hazard | File Number U- |
|--------------------------------------|----------------|
|                                      |                |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:   |
|---|---|
| Name Paul, Hanley & Harley LLP                                  | a. Labor Organization   |
| Trade Name, if any:   | a. Labor Organization   |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |
| Street 5716 Corsa Avenue, Suite 203                             | c. Employer   |
| City Westlake Village   |   |
| State California ZIP Code + 4 91362                             |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                                       |
| Name  | Paul, Hanley & Harley LLP is law firm that provides services to us. |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.                     |
|   | 12.a. Nature of interest held or income received.                   |
|   | Recived a Christmas gift certificate.                               |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | 12.b. Amount. \$1.00  |

| Name of Person Filing Charles Hazard | File Number U- |  |
|--------------------------------------|----------------|--|
|                                      |                |  |

| 8. Name and address of Business (i           | ncluding trade name, if any). | 9. Business deals with:  |    |
|--|-------------------------------|--|----|
| Name Paul, Hanley & Harl                     | ey LLP                        | a. Labor Organization  |    |
| Trade Name, if any:                          |                               | a. Labor Organization  |    |
| P.O. Box, Bldg., Room No., if any            |                               | b. Trust   |    |
| Street 5716 Corsa Avenue,                    | Suite 203                     | c. Employer  |    |
| City Westlake Village                        |                               |  |    |
| State California                             | ZIP Code + 4 91362            |  |    |
| 10. If 9.b. or 9.c. is checked give trust of | or employer's name.           | 11.a. Nature of such dealing.                                      |    |
| Name   |                               | Paul, Hanley & Harley LLP is law firm that provide services to us. | 28 |
| Trade Name, if any:                          |                               |  |    |
| P.O. Box, Bldg., Room No., if any            |                               |  |    |
| Street                                       |                               |  |    |
| City   |                               |  |    |
| State  | ZIP Code + 4                  | 11.b. Approximate dollar value of such dealing.                    |    |
|  |                               | 12.a. Nature of interest held or income received.                  |    |
|  |                               | Recived a Christmas gift certificate.                              |    |
|  |                               |  |    |
|  |                               |  |    |
|  |                               |  |    |
|  |                               |  |    |
|  |                               |  |    |
| 1  |                               | 12.b. Amount.  | 50 |